

DOEHRS-IH EHM: RECREATIONAL WATER SPA/HOT TUB/THERAPY POOL SANITATION REPORT

See TB MED 575

Page 1 of ____

1. FACILITY NAME:		2. FACILITY ADDRESS:		3. INSTALLATION:		4. START DATE: (YYYYMMDD)		TIME: HH:MM	
						5. END DATE: (YYYYMMDD)		TIME: HH:MM	
6. INSPECTOR (Surveyor)		a. Name and Rank:		b. Phone:		c. Email:		d. Unit/Organization:	
7. PERSON IN CHARGE (PIC)		a. Full Name:		b. Phone:		c. Official Email:			
8. CONTRACTOR OPERATED (select one)		<input type="checkbox"/> Yes <input type="checkbox"/> No		9. Pool Type (select one)		<input type="checkbox"/> Spa/Hot Tub <input type="checkbox"/> Therapy Pool or Whirlpool		<i>*NOTE: Input the spa/hot tub survey with the corresponding swimming pools survey report when entering data in the DOEHRs-EH Module.</i>	
10. INSPECTION TYPE: (select one)		<input type="checkbox"/> Routine <input type="checkbox"/> Follow-Up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Opening <input type="checkbox"/> Other (specify):							
11. IS WATER HEATED?		<input type="checkbox"/> Yes <input type="checkbox"/> No		12. DISINFECTANT TYPE:		<input type="checkbox"/> Chlorine <input type="checkbox"/> Bromine		13. Pool Volume : _____ gallons	
				Other (specify):					

Item	Water Feature Information: Spa/Hot Tub/Therapy Pool Water Feature	Yes	No	N/A	Item	Water Feature Information: Spa/Hot Tub/Therapy Pool Safety (continued)	Yes	No	N/A																																																							
1	Pool, deck, and surrounding areas maintained and in good repair?				25	Are hair/lint strainers operating properly?																																																										
2	Are spectators / tables / chairs - 10 feet from the edge of the pool?				26	Is there adequate number of lifeguards?																																																										
3	Are there adequate covered trash receptacles?				27	Is there lifesaving equipment (e.g. shepherd's hook, buoy ring (U.S. Coast Guard Approved and proper length), rescue tubes, back boards)?																																																										
4	Are there adequate number of water closets, lavatories, urinals, showers, and drinking fountains?				28	Is there an OSHA approved first aid kit available?																																																										
5	Is the filter / pump room clean and properly maintained?				29	Is an AED (Automated External Defibrillator) available and operable?																																																										
6	Is a chemical test kit available?				30	Is there a working telephone with emergency numbers?																																																										
7	Is the total Bromine disinfectant level satisfactory?				31	Is there adequate fencing?																																																										
	Total disinfectant level: Shallow end: _____ ppm Deep end: _____ ppm				32	Is (are) there self-closing gate(s) and are they operating correctly?																																																										
8	Is the free available Chlorine disinfectant level satisfactory?				33	Is the facility free of other hazards?																																																										
	Free available chlorine level: Shallow end: _____ ppm Deep end: _____ ppm				34	Is it compliant with the Virginia Graeme Baker Pool and Safety Act (anti-entrapment system)?																																																										
9	Is the pH satisfactory? pH: _____				35	Are chemicals properly stored?																																																										
10	Is the temperature satisfactory? Temperature: _____ °F				36	Are required Material Safety Data Sheets (MSDS) available?																																																										
11	Is the visual clarity satisfactory?				37	Are chemical warning signs properly displayed?																																																										
12	Is the total alkalinity satisfactory? Total alkalinity: _____ ppm				38	Is Personal Protective Equipment (PPE) available?																																																										
13	Is the calcium hardness satisfactory? Calcium hardness: _____ ppm				39	If diving is prohibited, are signs properly displayed?																																																										
14	If required by regulation, has a water sample been collected for bacteriological analysis (after analysis, attach copy of results)?				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Item</th> <th style="width: 40%;">Water Feature Information: Spa/Hot Tub/Therapy Pool Construction</th> <th style="width: 5%;">Yes</th> <th style="width: 5%;">No</th> <th style="width: 5%;">N/A</th> </tr> </thead> <tbody> <tr> <td>40</td> <td>Is the pool/spa/hot tub surface (walls and floors) easily cleaned and in good repair?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>41</td> <td>Is water on pool deck draining away from pool/spa/hot tub?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>42</td> <td>Is the deck area constructed with a nonslip surface, and easy to maintain?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>43</td> <td>Is water removed for treatment and recirculation through overflow gutters or skimmers / water inlets and drains?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>44</td> <td>Is water distribution system protected against backflow?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>45</td> <td>Are ladders/steps with nonslip top surfaces provided at the shallow end and on each side of the deep end of the pool and in good repair?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>46</td> <td>Are diving boards, slides, and other pool recreation equipment constructed of approved materials and appropriately placed to avoid injury?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>47</td> <td>Are variations in pool depth marked on the pool deck or adjacent wall/fence in sufficient increments?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>48</td> <td>If a chlorine gas room is present, is it properly constructed and maintained?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>49</td> <td>Is the filter room properly secured, ventilated, lighted, and with proper drainage?</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Item	Water Feature Information: Spa/Hot Tub/Therapy Pool Construction	Yes	No	N/A	40	Is the pool/spa/hot tub surface (walls and floors) easily cleaned and in good repair?				41	Is water on pool deck draining away from pool/spa/hot tub?				42	Is the deck area constructed with a nonslip surface, and easy to maintain?				43	Is water removed for treatment and recirculation through overflow gutters or skimmers / water inlets and drains?				44	Is water distribution system protected against backflow?				45	Are ladders/steps with nonslip top surfaces provided at the shallow end and on each side of the deep end of the pool and in good repair?				46	Are diving boards, slides, and other pool recreation equipment constructed of approved materials and appropriately placed to avoid injury?				47	Are variations in pool depth marked on the pool deck or adjacent wall/fence in sufficient increments?				48	If a chlorine gas room is present, is it properly constructed and maintained?				49	Is the filter room properly secured, ventilated, lighted, and with proper drainage?			
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15	Is the cyanuric acid satisfactory? Cyanuric acid: _____ ppm																																																															
16	Is the surface water free of scum/debris?																																																															
17	Are the bottom and sides clean; vacuumed and scrubbed daily and as needed?																																																															
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DOEHRs -- SPA/HOT TUB/THERAPY POOL SANITATION REPORT						Facility		Date		Page 2 of ____				
See TB MED 575														
Item	Restroom/Bath-House Facilities				Yes	No	N/A	Filter Information						
50	Are the walls, ceilings and floors clean?							Filter Name (Brand & model):						
51	Are the toilets, urinals, showers and hand basins clean?							Filter Media Type:		Cartridge		Diatomaceous Earth		Sand
52	Is there adequate ventilation and lighting?							Influent pressure gauge		PSI		Effluent pressure gauge		PSI
53	Are clothing, swimsuits and towels properly handled?							Filter operating properly?		Yes		No		
54	Is the baby changing station clean?							Filter backwashed as need?		Yes		No		
55	Are soap, toilet paper, paper towels, and trash receptacles available?							Filter Comments:						
Pump Information														
Pump Name (Brand & model):							Rate of flow (Comment required if value is zero):			gal/min				
Pump operating properly?		Yes		No		Pump Comments:								
Turnover Rate*:		Times/24-hours		This space left Blank										
<p>*Note: Turnover Rate is the number of turnovers that occur in a 24-hour period. A Turnover is the <u>length of time</u> needed for the pool to circulate its entire volume one time. TB MED 575 specifies the maximum Turnover Time allowed for each aquatic venue.</p> <p>Turnover Time = 24 hours ÷ Turnover Rate</p> <p>Turnover Rate = 24 hours ÷ Turnover Time</p>														
14. OVERALL REMARKS (describe individual Item deficiencies here) NOTE: If this facility operates more than one spa/hot tub or therapy pool, each "pool" must be assessed for compliance and may be documented on a single inspection report. Use the remarks section to document additional pump and filter data. When documenting deficiencies, provide a unique identifier to distinguish the non-compliant pool from the others.														
**Water samples taken during this inspection:		Yes		Sample Type:		HPC		**Note: Attach a copy of the sample results to this inspection document and upload the results to the inspection report in DOEHRs.						
		No				Coliform (Total or E.coli)								
15. INSPECTION RATING:		Satisfactory		Unsatisfactory		16. FOLLOW-UP REQUIRED:		Yes		No		17. FOLLOW UP DATE NLT: (YYYYMMDD)		
18. SIGNATURE: Signature on this form represents acknowledgment that the person in charge has been briefed on the deficiencies noted, corrective actions and timeframe to complete, the final inspection rating, and the date scheduled for follow-up inspection (unsatisfactory inspections only).														
a. Inspector Signature							b. DATE (YYYYMMDD):							
c. Person in Charge Signature							d. DATE (YYYYMMDD):							